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DOCKET NO: M1059.70000US00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Fred G. Benkley, III
Serial No: 10/005,643
Confirmation No: 8242
Filed: December 5, 2001
For: SWIPED APERTURE CAPACITIVE FINGERPRINT
SENSING SYSTEMS AND METHODS

RECEIVED

AUG 19 2004

Examiner: Joseph Mancuso
Art Unit: 2697

Technology Center 2600

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 10th day of August 2004.

Doris A. Champagne
Doris A. Champagne

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this Preliminary Amendment.

Remarks begin on page 15 of this Preliminary Amendment.

08/16/2004 WASFAW1 00000013 10005643

01 FC:2201
02 FC:2202

129.00 OP
81.00 OP



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The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 10th day of August, 2004.

Doris A. Champagne
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MAIL STOP AMENDMENT

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith are the following documents:

- Preliminary Amendment
- Return Receipt Postcard

The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Rate		Addl. Fee
TOTAL CLAIMS	87	-	78	=	9	X	\$	9 =	\$ 81.00
INDEP. CLAIMS	9	-	6	=	3	X	\$	43 =	\$ 129.00
MULTIPLE DEPENDENT CLAIM								=	\$
PETITION FOR MONTH EXTENSION OF TIME								=	\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT								= \$	210.00

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Page 2 of 2

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 646-8000, Boston, Massachusetts.

A check in the amount of \$210.00 is enclosed to cover the additional claims/independent claims fees. If the fee is insufficient, the balance may be charged to Deposit Account 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,
Fred G. Benkley, III, Applicant

By: William R. McClellan
William R. McClellan, Reg. No.: 29,409
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600 Atlantic Avenue
Boston, Massachusetts 02210-2206
Telephone: (617) 646-8000

Docket No.: M1059.70000US00
Date: August 10, 2004
xNDDx